DOCUMENT RESUME

ED 224 551 PS 012 731

TITLE	Child Safety: It's No Accident. An Issue Statement.
INSTITUTION	Virginia State Div. for Children, Richmond.
PUB DATE	81
NOTE	14p.
PUB TYPE	Viewpoints (120)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Accident Prevention; Adolescents; Children; *Death; *Injuries; *Poisoning; State Legislation; *Suicide; *Traffic Accidents
IDENTIFIERS	Virginia

ABSTRACT

The three major causes of injury and mortality among children in the state of Virginia are, in order of frequency, automobile-related accidents, poison ingestion, and suicide. With respect to injuries sustained in automobile accidents, adults traveling with children by car must accept responsibility for the safety of child passengers. Acute poisonings, the most common pediatric medical emergency, account for about 10 percent of emergency room contacts and about 5 percent of hospital medical admissions. Nearly all poisonings are accidental and involve children less than 10 years of age. The true incidence of lead poisoning is difficult to assess, however. Presently, there is no statewide lead poison screening and prevention program in Virginia, and all local programs will terminate at the end of 1982. While a health department employee visits school systems and instructs officials in methods of dealing with asbestos, funds for protecting children from asbestos poisoning are inadequate. With regard to the third leading cause of injury and death in children, conditions that precipitate suicidal acts in young people have become more intense, including such factors as broken relationships with parents and substance abuse. Some problems of adolescents may be solved through wide use of, and destigmatization of, community-based mental health service agencies. Citizen advocacy and involvement are needed to insure the implementation of community, regional, and statewide programs addressing these problems. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED224551

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

CHILD SAFETY: It's No Accident

An issue statement developed
by the Virginia Division
for Children

1981

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Martha Norris Gilbert

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS012731

Children are virtually at the mercy of their environment from birth well through the first 10 years of life. This vulnerability places the responsibility for sustenance and protection on the adult population. However, sometimes, the adult population seems to take this responsibility lightly. Although much progress has been made in arresting the natural causes of child mortality, no single childhood illness claims more children's lives than accidents. The latest available statistics show that accidents accounted for 53% of the deaths of Virginians ages 1-24.[1]

There are three major causes of injury and mortality among Virginia's children: automobile-related accidents, poison injestion and suicide.[2] Efforts are being made to prevent loss of life and injuries to children across Virginia through educational programs, regulations and legislation. Howevever, more attention must be given to these problems in order to prevent this unnatural fate from befalling still more children.

Automobile Accidents

The leading cause of accidental death and injury to children is automobile accidents. During 1980 in Virginia alone, 7,681 injuries to children ages 0-14 were reported and 112 children ages 0-14 died in automobile accidents.[3] In the 15-19 age group there were 159 deaths and 9,576 injuries. The estimated monetary cost of the loss of the young lives is more than 22 million dollars.[4] In most cases, death and even serious injury can be

avoided if young passengers are properly restrained. Young children and infants are clearly dependent on the adult operators of vehicles for their safety. Efforts should be made to insure that adults who travel with children in automobiles accept responsibility for the safety of that child passenger.

Child pedestrians and bicyclists are also in peril. Forty percent (40%) of the traffic deaths in the Commonwealth of Virginia for the 0-4 age group were pedestrians.[5] The number of accidents involving automobiles and bicycles increased from 1,246 to 1,523 in only the past year, and the resulting fatalities due to these types of accidents nearly doubled.[6]

Auto safety for children has received much attention during the past year. At the federal level, the National Highway Traffic Safety Administration (NHTSA) proposed requirements that the automobile industry provide accommodation for tether anchorages in the design of new automobiles. This proposal was placed "on hold" when the Reagan Administration implemented its policy of government deregulation.

The proposal to accommodate tether anchorages for child restraint systems (amendment to Safety Standard No. 210) would have encouraged the proper use of child restraint sytems by providing either anchorage hardware or an opening in the auto body for installation of such equipment, vital to the proper functioning of many infant and child restraint sytems. NHTSA has also adopted standards for the manufacture and testing of

child restraint sytems. The test standards are now in use.

In Virginia, legislation was introduced in 1980 which would have required that children under the age of 4 travel in an automobile child restraint. The measure was defeated in the Senate of the General Assembly. The issues with which the legislators were concerned were: the probability that low income families would be placed at a disadvantage as they could not afford to purchase a restraint, the fact that families with more than one small child could be caused undue financial hardship, and that the measure seemed vague and unenforceable in the form presented.

The bill was patterned after similar legislation in Tennessee. The law in that State provides that a traffic citation be issued by any law enforcement officer observing an unrestrained child under 4 years of age. It also provides that the issuing officer loan a child restraint to the operator of the vehicle. All charges are dismissed when the loaned restraint is returned and proof of the purchase of a restraint is presented in court. A child restraint rental program for low income families and families with more than one child is in operation in that State. It is funded by State and private funds.

It should be noted, however, that Senate Joint Resolution 164 was signed into the Virginia statutes. It required the State Police to prepare and distribute printed material relating to child restraint systems and their benefits. This activity is now

in process.

There has been little progress in the area of auto restraints for children ages 5-12 years. These children are usually too large for child restraints, but too small for standard restraints provided in automobilies. They suffer from burns in the neck area or slip under conventional restraints during an accident.[7]

Poisoning

Approximately thirty percent (30%) of all fatal accidents in the 0-14 age group occur within the home.[8] Fire, poison injestion and suffocation from inhaled substances are among the leading causes of in-home injury and death. "There are an estimated 100,000 accidental poisonings per year in Virginia of which about 200 are fatal and this number is steadily increasing.[9] Acute poisonings is the most common pediatric medical emergency, accounting for about 10% of emergency room contacts and about 5% of hospital medical admissions. Ninety percent (90%) of all poisonings are accidental and involve children less than 10 years of age."[10] Approximately fifty percent (50%) of the poisonings reported are as a result of the injestion of prescription and over the counter drugs. Due to the severity of the effects of these poisonings, the majority of the poison injestion related hospitalizations are from these substances.[11] There are three regional poison control centers in Virginia. They are: Central Virginia Poison Control located at the Medical College of Virginia in Richmond, Blue Ridge Poison Control Center

located at the University of Virginia Medical Center in Charlottesville and National Capital Poison Control located at Georgetown Medical Center in Washington, D.C.

These centers handle emergency poisoning and accident inquiries by telephone 24 hours a day, 7 days a week. Each conducts a poison prevention/accident prevention program on an ongoing basis. CVPC and BRPC are federally funded programs. The recent budget reductions have not had a great effect on the operation of these programs. However, the grants which fund them will expire within the next year, and the Virginia General Assembly will be asked to appropriate funding to continue both programs. National Capital Center is funded by Georgetown University Hospital and private donations. Most poison control centers are funded at the individual state level.

Lead poisoning is a part of the poisoning problem where the true incidence is difficult if not impossible to assess as only a small percentage of the child population in Virginia is being tested at this time. The National Academy of Science estimates that 5 to 6% of American children possess potentially toxic lead blood levels due to lead consumption.[12] This problem may cause behavior disorders and difficulties in growth and development. It was once considered to be a problem primarily of the inner part of large cities in the so-called "lead belt" of the Northeast corridor of the United States. However, when any children under the age of 6 who live in a hazardous environment containing excess

lead are tested, 3 to 20% will be identified with elevated blood lead levels.[13] In Virginia, during the months of July and August, 1981, of the 510 children[14] tested at the Virginia State Laboratory, reports showed that 115 had levels of lead that required follow-up and/or treatment.

There is no statewide lead poison screening and prevention program in Virginia. There are only six local programs across the state: Richmond, Newport News, Hampton, Norfolk, Portsmouth and Lynchburg. These programs serve only those areas where they are located. All of these programs will terminate by the end of calendar year 1982, as they are funded by federal grants which will not be renewed.

The facilities and personnel are available for ongoing lead screening programs through local health departments in Virginia. The seriousness of lead poisoning problems cannot otherwise be totally assessed. Hyperactivity, under-achievement, and other psychological/physiological problems may be correctly diagnosed as resulting from lead poisonings in young children.

Another form of poisoning is exposure to asbestos. Exposure to asbestos has been found to cause cancer. During the past five decades, asbestos has been widely used as insulation in schools and other public buildings. On June 15th, 1980, President Carter signed a bill that was designed to protect children from school related exposure to asbestos. The bill would have authorized

$97.5 million in interest free loans and grants to remove asbestos and restore school buildings. However, Congress failed to appropriate funds for that program.

In Virginia, a staff member from the health department visits school systems and instructs officials in methods of detecting, removing or encapsulating the cancer-causing material. The Commonwealth does not provide any consistant funding to assist the localities in dealing with this problem.

Youth Suicide

Suicide happens everyday. It is the third leading cause of death among teenagers and young adults.[15] Nationally, approximately 5,600 children and adolescents premeditatedly took their own lives in 1977.[16] In many instances, deaths that were attributed to motor vehicle accidents or an overdose of drugs may, in fact, have been suicides although not recognized as such. According to Doctors James D. McNeely, Mohammad Shatfi, and John H. Schwab of the Department of Psychiatry of the University of Louisville School of Medicine, "the number of adolescent suicides may be unreported because, for family reasons, many of these suicides are reported as accidental deaths."[17]

The accidental death rate is higher for those 5 to 19 years of age[18] than for any other age group. The conditions that precipitate suicidal acts in young people have become more intense such as broken relationships with parents and substance abuse.

According to Dr. Calvin J. Frederick, Chief of the Disaster Assistance and Emergency Mental Health Division of the National Institute of Mental Health, "a typical profile for a young suicidal individual is one in which there has been an inadequate or broken relationship with parents. Separation from parents may have been caused by death, divorce or some other means, before the youngster reaches the age of 16."[19] Statistics show an increasing probability of children in Virginia suffering from family disfunction. The divorce rate in Virginia has increased by over 1,000 in the past year alone.[20]

Dr. Frederick also states that, "many of the individuals may engage in some form of drug abuse or alcoholism."[21] The illegal nature of drug abuse and the social stigma of alcoholism make it quite difficult to obtain precise data on the problem in Virginia. However, in Northern Virginia alone, administrators estimate that there are at least 20,000 teenagers who are alcoholics or have serious drinking problems.[22] During 1980, 67 Virginia teens died and more than 1,500 were injured in traffic accidents involving drunk drivers.[23]

Juvenile drug-related arrests increased almost 2% between 1976 and 1978 and almost 9% in alcohol-related cases. In 1978, there were 39,597 juvenile substance abuse/drug related arrests; 804 of those arrests occurred to teens under 15 years of age.[24]

In the area of substance abuse, the 1981 General Assembly raised the age for purchasing alcoholic beverages to 19 years

and provided penalties for consumption while on public school grounds through H.B. 188 and H.B. 1084 respectively. Legislation was also enacted to provide penalties for the manufacture, sale and distribution of drug paraphernalia through S.B. 503. Some problems with implementation and enforcement have been encountered.

Some of the problems encountered by adolescents may be solved through wide use and de-stigmatization of community based mental health service agencies.

Conclusion

In the problem area of auto safety, one primary approach for addressing this problem would be passage of legislation requiring that young children travel in a child restraint. Community based "loan a restraint" programs could ease opposition in the General Assembly. Uniform marking and lighting of all bicycles along with an ongoing public awareness program would reduce the incidence of injury to children who ride on the streets of Virginia.

Support to assure that the two regional poison control centers now under terminal Federal grants, will continue to assist poison victims and conduct accident prevention is very important.

Statewide community based lead poison screening and outreach programs are needed. At present this activity is minimal. Lead poisoning is so dangerous and easily contracted that attention must be directed in this area. Local editorials and letters to the editors of newspapers as well as local television news stories

will bring the topic to the public forum. Contact with local public and private health/medical officials and advocating the establishment of ongoing lead screening and outreach in each community across the State should assist in prompting reaction within the legislature.

Further study of the asbestos problem is urgently needed. Contact with local superintendents, school boards, and elected officials should bring the problem to light so that assistance from the State Health Department and others can be requested, received and the harmful material removed or encapsulated.

Action options in the area of youth suicide and substance abuse include a statewide public awareness capaign to lessen the stigma associated with the use of community based mental health facilities thereby increasing their use.

Youth suicide is a problem that demands action. While most young people speak to the pressures they feel surrounding the times in which they live: the pressures of home, peers, and the self induced pressures associated with the need for personal worth, some attempt to deal with the pressures through the use of alcohol and drugs. Parental use of these substances serves as an example which teenagers and children follow to deal with the stresses of life. Numerous teenage traffic fatalities and young children poisoning are in fact suicides. Recognition of the stresses on children is the first step to preventing suicides. Additional actions are necessary to reduce the stigma that is attached to the use of mental health services so that they can

become effective with the at risk population. Public awareness of the suicide warning signs may be the most successful method of prevention. Love and understanding can help restore feelings of worth and dignity, which are equally as important to the young person as to the adult. With very basic knowledge, the intervening person can make the difference between life and death, and a young citizen may survive a needless loss of life.

Child safety is a most pressing issue as Virginia's most important resource is at risk. The issues seem to have been overshadowed by other concerns at every level of government. Many of the existing State and local programs mentioned earlier face reductions and many sorely needed programs may never come into existence. Citizen advocacy and involvement are needed in a variety of ways.

FOOTNOTES

[1]1978 Statistical Annual Report, Center for Health Statistics; (Virginia Department of Health: Richmond, 1979), p. 31.

[2]Based on figures provided in Table 39 Resident Deaths by Age and Cause in Virginia, 1978.

[3]Virginia Traffic Crash Facts, 1980, (Virginia Department of STate Police: Richmond), p. 46.

[4]National Safety Council Bullentin - Estimating cost of accidents based on wage loss, medical expenses, insurance administration cost and property damage.

[5]Virginia Traffic Crash Facts, 1980, p. 14.

[6]Ibid, p. 5.

[7]A Report on Child Vehicle Occupant Safety AVAC, January 10, 1980, p.33-34.

[8]Based on figures provided in Table 39 Resident Deaths by Age and Cause in Virginia, 1978.

[9]Statement presented to Appropriations Committee, Virginia House of Delegates, December, 1979; Daniel Spyker, Ph.D., M.D., Lorne Garrettson, DM.D., p. 2.

[10]Ibid, p. 13.

[11]Dr. Loren Garretson, M.D., Director of Pediatrics, Virginia Commonwealth University, Medical College of Virginia, 12/2/81.

[12]Checkpoints for Children, Vol. 5, No. 6, November, 1980; Column 2, "Lay Off the Lead," p. 2.

[13]"Preventing Lead Poisoning in Young Children," U.S. Department of Health, Education, and Welfare, 1978, p. 2.